item of information carefully.

Supply every

UNFADING INK.

OR WRITE

TYPE

PLEASE

03987 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3995

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ST MARY'S MARYLAND	STATE MARYLAND COUNTY ST MARY S
CITY (If outside corporate limits, write RURAL LENGTH OF ST	
OR and give hearest town) TOWN RURAL CHAPTICO 12 YEARS	OR TOWN RURAL CHAPTICO
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS (A Fural give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: MARY M.	BURKE DEATHAPRIL 8. 19\$5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DA	ATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE (Specify): WIDOW APR	
OA USUAL OCCUPATION IGIVE kind of work done during most of working life. even if retired) HOUSEWIFE HOME	WASHINGTON, D.C. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JAMES BURKE	ELLA O'CONNOR
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yes. no. No unk.) (If Yes, give war or dates NONE	GEORGE BOYD CHAPTICO, MARYLAND
18. MEDICAL CERTIFI	CATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
170x	a state on 6 mil
IMMEDIATE CAUSE (A) DUE TO	a district of the state of the
ANTECEDENT CAUSE (8)	01 Bbe - + 1 100
GIVING RISE TO THE ABOVE CAUSE DUE TO	Diaor Signar
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERA	20. AUTOPSY7
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, OF INJURY street, office b) (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory. 21c. WHERE DID (City or town) (County) (State) ldg., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR While Not while at work	
22. I hereby certify that I attended the deceased from	e. C., 195% to April 8, 1953, that I last saw the deceased
alive on Signature (195), and that death occurred	at 2:00PM, from the causes and on the date stated above.
11.1.771.	400 At 11 diles 1:
23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEN	METERY OR CREMATORY LOCATION (City, town, or/country) (State)
REMOVAL (SPECIFY)	
REGISTRAR'S SIGNATURE	JOS. C. MATTINGLEY LEONARDTOWN, MD.

DEVEN SER 12 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03988

OF DEATH OF COLOR OF RACE (Type or Print) 5. SEX 6. COLOR OF RACE (Type or Print) 6. SEX 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. BIRTAPLACE (State or foreign country) 11. MOTHER'S NAME 12. CITIZEN OF WEAK (Yee, no, or unknown) 14. MOTHER'S, MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yee, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yee, no, or unknown) 17. INFORMANT AND ADDRESS (Yee, no, or unknown) 18. MEDICAL CERTIFICATION 19. SETT OF BIRTH 19. AGE last birthosy If under 1 year If under 24b Months Days Hours Minder 24b Months Days Mo	3998	CERTIFICAT	E OF DEAT	H	
COUNTY CITY (If outside corporate limits, write RURAL and LENGTH OF STAY ON DEATH OF STAY ON DEATH OF STAY ON TOWN OF STREET ADDRESS HOSFITAL OR STREET ADDRESS BAME OF OTHER STAY OF PIRIT OF STAY ON TOWN OF STREET ADDRESS AND OF OTHER STAY OF STAY ON TOWN OF STREET ADDRESS AND OF OTHER STAY OF STAY OF STAY ON TOWN OF STREET ADDRESS AND OF OTHER STAY OF STAY OF STAY OF STREET ADDRESS COULD RUYGE OF PIRIT OF STAY OF STAY OF STREET ADDRESS AND OF OTHER STAY OF STAY OF STAY OF STREET ADDRESS AND OF OTHER STAY OF STAY OF STAY OF STAY OF STREET ADDRESS AND OF OTHER STAY OF STAY O		FOR MEDICAL	EXAMINERS	Reg. Dist. N	021/
CITY (if outside corporate limits, write RURAL and LENGTH OF STAY OWN to wear set, compared to the content of the compared to the content of		MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED	march
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location) ADDRESS (If rural, give location) ADDRESS (If rural, give location) (If per give location) (If rural, give location) (If rural, give location) (If rural, give location) (If rural, give location) (If per give location) (If rural, give location) (If per give location) (If rural, give location) (If per give location) (If yee, give war or dates of location of locat	OR give nearest town)	RAL and LENGTH OF STAY	OR //	00	ve nearest town)
DECEASED (Type or Pint) 5. SEX 6. COLOR OF RACE (Sex) 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) DI	HOSPITAL OR INSTITUTION OR	of gener	STREET		/
18. WEDICAL CERTIFICATION 18. WEDICAL CERTIFICATION 19. AGE last birthosy 19. Months 19	DECEASED DO A	(Middle)		OF (1)	
13. FATHER'S NAME 14. MOTHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. (Tyee, no, or unknown) (If yee, give war or dates of 2.3.7.36.56.49) 16. MEDICAL ERTIFICATION 17. INFORMANT AND ADDRESS 18. MEDICAL ERTIFICATION 19. Interval Between one of the above cause stating the underlying cause last stating the underlying cause last stating the underlying cause geath. 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while How DID INJURY OCCUR?		WIDOWED, DIVORCED.	- W	9. AGE last birthoay If under	r I year Illunder 24 h
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of gervice) 16. Social Security No. (17. INFORMANT AND ADDRESS SECU	loa. USUAL OCCUPATION (Give kind of world done during most of working life, even if retired)	k 10h. Kind of Business or	11. BIRTAPLACE (State of		12. CHIZEN OF WHA
16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of 2 37-36-56-49 Jouise Splans Hermanille 18. MEDICAL CERTIFICATION 18.	3. FATHER'S NAME		14. MOTHERS, MAIDEN	NAME	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while	5. Was DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT AND A	ODRESS "//AT	70.2
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	iservice)		RTIFICATION A	peurs Herr	numere
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Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last [c] H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION OF office bidgs, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	Immediate cause (a)	(oronery en	Alin		Commeter
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) OF office bidg					
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while					
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OPERATION OF OFFICE OFF	I. OTHER SIGNIFICANT CONDITIONS				
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	Conditions contributing to the death but not related to the disease or condition causing death	ath.			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while					20. AUTOPSY?
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	DI EVERDNAL CAUGE WAS				
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while	PRIMARY OR CONTRIBUTING OF	office bldg., etc.)	(CITY OR T	OWN) (COUNTY) (STATE)
A THE ST LAND WITH	TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	CURI	
	No.				
	obtained by said Autopsy, Inspection	or Inquiry, find that said dece	ased died on the dry stated	dabove, and death in my	opinion resulted
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from my opinion resulted	SIGNATURE 3	(Degree or title)	ADDRESS A		DATE SIGNED
from: notural causes [], accident [], suicide [], homicide [], undetermined [].	Jan Mo	- Presi	Thirll he	(apri	120155
from: notural causes [], accident [], suicide [], homicide [], undetermined [].	3. RURIAL CREMATION DATE THERE REMOVAL (Spreify)	water 12	RY OR CREMATORY L	111 91	oty) (State)
SIGNATURE (Degree or title) ADDRESS ADDRESS ANAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	DEC		1		ADDRESS
SIGNATURE SIGNATURE (Degree or title) ADDRESS ADDRESS ADDRESS 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DESCRIPTION ADDRESS ADDRESS ADDRESS ADDRESS	REPERTURE AND	4.71	Les Regards	· Well The	-18

APR 22 1955

BECEIVE

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
				,	

RE,	18	113989 No. 282
Reg.	Dist.	No. 282

3997 CERTIFICATI	E OF DEATH Reg. Dist.	No. 282
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY ST. MARY'S MARYLAND	STATE MARYLAND COUNTY ST.MA	PVIC
COUNTY OI MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	
X TOWN TOWN TOWN LEONARDTOWN LIFE	TOWN LEONARDTOWN	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
S. NAME OF (First) (Middle) DECEASED: (Type or Print) ROSA M. CLE	OF ADDITE	(Year) 20, 1955
FEMALE WHITE SINGLE MARRIED. 8. DATE WIDOWED. DIVORCED. 2/21	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE HOME		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
IGNATIUS JARBOE	ANNA WATHEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes. NO or unk.) (If Yes, give war or dates of service) NONE	MRS AGNES TUINMAN LEONARD	rown, MD.
19. MEDICAL CERTIFICATE I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A)	unvin (tourned)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	G. De 7 -	2 yes
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		1 200
(c) Wrle	o relevan	1dy ear
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count; etc. INJURY OCCUR?	y) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1949, to Opril 20, 1955, that I last	saw the deceased
SIGNATURE	ADDRESS DAT	stated/above/ E SIGNED
23 BUDIAL CREMATION DATE THEREOF MINE OF CEMET	EDY OPERATORY LOCATION (City town	(Acumiu) (State)

BURIAL

ST BY LOCAL DATE REC'D

ALOYSIUS LEONARDTOWN

24. FUNERAL DIRECTOR

LONAR

LEONARDTOWN

LEONARDTOWN

LEONARD TOWN, MD.

SS61 99 Edv

BECENTED

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M	mation carefully. T
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully age is especially important. Physicians: please write the causes of death clearly and legi
MAR	WITH UNF
1)	PLAINLY, pecially impo
23	WRITE ge is es
VS. A15A - 5 - 53	PLEASE

2008 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist	1.0
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MEDICAL **EXAMINER'S** CERTIFICATE DEATH No. 282 OF

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY St Mary's MARYLAND	STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give neafest town Din Chis Place)	TOWN Rural Compton
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Wilson Leonard D:	rury DEATH April 12. 1955
	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.
Male White (SpecifyWidowed Marc)	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY:	Maryland (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
French Drury	Florence Hayden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
(Yes, no or unk.) (If Yes, give war or dates of NO service) Unknown	Alice M. Wathen 2009 37th.St.S.E.
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ull, poes med climal fine adiase
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none none	Yes 🗌 No 🖸
21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street, office-bldg., etc. CAUSE OF DEATH.	Leondran. H. May, M2
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 12 55 C. M. work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from: Natural causes [], Accidental signature	lent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER 4/15/55 St. Aloysius	Leonardtown Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4-14. 5. PORCE	24. FUNERAL DIRECTOR ADDRESS VOS. C. Mattingley Leonardtown, Md.
/1	

SSOT BY MAY

DECENTED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALT	IMORE,	18	03991
	CEI	RTIFICATE	OF	DEATH	Reg.	Dist.	No.26/

		-			20	00
3999	CERTIFICATE	OF	DEAT	H Reg	. Dist	. No

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
5	LI march	march of march
leg	COUNTY MARYLAND CITY (If outside corporate limits) write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give negrest town)
p	OR and give nearest town) // // (in this place)	OR PULL 1 12/
E L	Y TOWN Great Mills I file	TOWN GREAT MILLS
ly.	HOSPITAL OR	STREET (If rurar give location)
clearly	INSTITUTION OR STREET ADDRESS	ADDRESS
	3. NAME OF / (First) / (Middle)	(Fact)
eath	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
89	(Type or Print) John Samuel .	120 VC DEATH: (1911) 70 1950
P	5. SEX: 6. OOLOR OR 7. SINGLE, MARRIED, 8. DATE, WIDOWED, DIVORCED.	OF BIRTH: 9. AGE iast birthday if under 1 YEAR IF UNDER 24 HRS.
o	Mayo William (Specify) of Mayor Som	411-1884 7/1 yrs. Months Days Hours Min.
ses	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT
ins	work done during most of working life. OR INDUSTRY:	marille 1 On COUNTRY?
S	narmer sume farme	Maryland, St Marys W. R. a.
che	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME!
-01	Jahn Semuel & Kypon	Un/human
rit	15. WAS DECEASED EVER IN U.S. ARMED FORGEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
N .	(Yes, my, or unk.) (if Yes, give war or dates	John CO man Dely on 1 100 1
136		francement of a colored
es	18. MEDICAL CERTIFICAT	VIII DEIWEEN
Д		DNSET AND DEATH
702	IMMEDIATE CAUSE (A) Coronary	them has in
B	DUE TO	The same of the sa
ici	ANTECEDENT CAUSE (S)	7
175	GIVING RISE TO THE ABOVE CAUSE DUE TO	artino delesoses glas
P	STATING UNDERLYING CAUSE LAST.	
بن	(C)	
tar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OT	DISEASE OR CONDITION CAUSING DEATH.	
du	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? /
ir		YES NO TO
N		
B	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	
oec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
00	M. at work at work	
****	22. I hereby certify that I attended the deceased from Man-	1 9 10005 the I a. 10 Cot that I last now the decound
20		
7	alive on april 20, 1955, and that death occurred at	6.30 A M, from the causes and on the date stated above.
ec	SIGNATURE /	ADDRESS DATE SIGNED
corr		. D. Grand Mills Mist 4/20/57
Ö	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (Oity, town, or dounty) (State)
-65	Burial april 255 Holy	hace Must milly mel
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	4. FUNERAL DIRECTOR ADDRESS
	REGISTRAR PUBLICATION	Jos C. Matherflely floracollows
	THE Partition	S/ Tool

BUREAU E. S. BUREAU E. S.

,在2012年以上1912年中,1912年中

UNFADING INK.

WRITE PLAINLY, WITH

OR

PLEASE TYPE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()392

CERTIFICATE OF DEATH 4900

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ST.MARY'S MARYLAND	STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
X TOWN LEONARDTOWN 18DAYS	TOWN RURAL LEONARDTOWN X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
79 STREET ADDRESS ST. MARY'S HOSPITAL	
3. NAME OF (First) (Middle) DECEASED: CTADENCE LOCEDII DI	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CLARENCE JUSEFR EV	ANS DEATH: APRIL 2, 1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HAS. Months Days Hours Min.
	7, 1707 47
work done during most of working life, even if retired): LABORER DAY WORK	MARYLAND 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JOHN HENERY EVANS	HANNAH BEANDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, MOrr unk.) of service) NOr or dates 218-05-8412	SARAH TURNER LEONARDTOWN, MD.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) ABOUTE	2 intertion hungeroul 9 days
ANTECEDENT CAUSE (S' DUE TO	1 1 1
DISEASES OR CONDITIONS, IF ANY. (B)	stro hear / failler 3 hint
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(c) Aperle	man Carons Viscela repallases 2 1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	NI.
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	tory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	195% to Mary 2, 1953, that I last saw the deceased
	7:30P Mifrom the causes and on the date stated above.
alive on SIGNATURE, 1903, and that death occurred at	ADDRESS DATE SIGNED
/www.san	1.D. Leonorta 4/9/53
Lot Dominal Charles and Laboratory	ERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL 4/5/55 ST. JOH	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/5/45 Nott. d. dreke	JOS.C. MATTINGLEY LEONARDTOWN, MD.
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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

4901 MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALT	IMORE,	18	0200
2 10 L	CEF	RTIFICATE	OF	DEATH			t No

	CERTIFICATI	e of Death	Reg. Dist.	No
5	1. PLACE OF DEATH:	2. USUAL RESIDENCE	(HOME) OF DECEASED);
gibl	H mary's	Julgarole	and so	Transila
leg	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITYLE outside corpors	ate limits, write RURAL as	nd give negreet town
and	OR and give nearest town) (in this place)	OR TOWN ALL	12 10	and give negreest town,
	A meen valley for	- GEN	ley te	X
rly	HOSPITAL OR INSTITUTION OR	STREET	(If fural give location)	/
clearly	STREET ADDRESS			
1 0	3. NAME OF AFirst) (Middle)	(Last) 4.	DATE (Month) (D	Day) (Year)
eath	DECEASED: (Type or Print)	enwell-	DEATH AND	15 1955
0	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. B. DATE	OF BIRTH: 9. AGE	last birthday IF UNDER 1 Y	
of	MO VO PRACE: WIDOWED, DIVORCED.	0 18-18(3 9)		ays Hours Min.
es	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State of		CITIZEN OF WHAT
ns	work done during most of working life. even if retired	marille 1	4 2000	COUNTRY?
Co	13. FATHERIS NAME:	Marylana 1	marys	Vis. a.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN	NAME:	
te	Jesse Freenwell	mary alle	or How fine	1
Vri	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS:	ETFELL STEE
9	(Yes, no, or unk.) (If Yes, give war or dates of service)	my Bershie	. Hordon	-1011
200	18. MEDICAL CERTIFICAT	TION CAPPAGENE	IV. mil	INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- SAN WOOD		ONSET AND DEATH
	420.1			
ms.	IMMEDIATE CAUSE (A) CONTON	sclerates		3 years
cia	ANTECEDENT CAUSE (S) DUE TO		0	V
ysi	DISEASES OR CONDITIONS, IF ANY. (B) General	artice stel	croses	10 year
Ph	STATING UNDERLYING CAUSE LAST.			
ئد	(C)			LIVE PLANSE
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
OL	DISEASE OR CONDITION CAUSING DEATH.			
m	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N		20. AUTOPSY?
-1				YES NO P
ally	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	tory. 21c. WHERE DID (C	City or town) (County	y) (State)
eci	OR CONTRIBUTING _ CAUSE OF DEATH OF INJURY street, office bidg.	, etc. INJURY OCCUR?		
ds	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREN	D 21F. HOW DID INJUR	Y OCCUR?	
S	OF INJURY While at work at work			
	22 Thurston and St. About To Adams and About To and About To Adams and	1046 1.6 3/	W-166 11 171 1	. 7
80	22. I hereby certify that I attended the deceased from January	my, 1970, Weput	/3, 19 /, that I last	saw the deceased
د	alive on Carried A, 195.2, and that death occurred at		ses and on the date s	
orrec	De la	ADDRESS	In / 2/1	E SIGNED
OL	11 11 - 1000	ERY OR CREMATORY LO	OCATION (City, town, or	county) (State)
0	BEMOVAL (SPECIFY)	2	1. O Da Lowin, or	'man d' ") n' al
	Burial 4-18-0 Bellia-a	2	12 rate to the residence	110 p 1110
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECT	OR VOLL	ADDRESS TOWN
	april 17/55 py Denn May	182 - Jan	my tel	Contract of the second
	total Million	14	the same confidence of	- F

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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CERTIFICATE OF DEATH

(13994 Reg. Dist. No.

THE PERSON AND THE PE	1005. 47.000	3.101
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY St. Marys MARYLANI	D STATE Maryland COUN	TYSt. Marvs
CITY (If outside corporate limits, write RURAL LENGTH OF OR and give nearest town) TOWN Chaptico	STAY CITY (If outside corporate limits, write RURAL at	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) Rural	1
3. NAME OF (First) (Middle)) (Year)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Louise Casandra	Lowery 4. DATE (Month) (Day OF DEATH: 4 - 6	19 55
	DATE OF BIRTH: 9. AGE last birthday: If UNDER 1 Y	EAR IF UNDER 24 HRS. Lys Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife Domestic	ESS OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Louis H. Davis	Mary Love	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of	N. Control of the con	
no service)	Mrs. Mary Harrison - Chaptico, M	arvland
giving rise to the above cause stating the underlying cause last. (260 X) (c)	àc decompensation. Orcheofie cardi variular dis	Onset And Death
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	befor mellitus parobutes, the	
198. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERA		Yes No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory OF office bldg., etc.)	y, street, (CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not Whi INJURY m. Work □ At Wyr		
REMOVAL (Specify)	100 2 2	stated above. ATE SIGNED 4/6/55 unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7, 1955 Bobert F. Locke	P.B. Robinson - Leonardtown,	

OBVIECEIVED. V. S. S. V. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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please write the causes of death clearly and legibly.

CEDMINICAME OF DEAMI

1 2 M O CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ST MARY'S . MARYLAND	STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL CORPORATION CORPORATION CORPORATION CONTROL CON	CITY(If outside corporate limits, write RURAL and give nesrest town) OR TOWN RURALCALIFORNIA
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST MARY'S HOSPITAL	STREET (If rural give location) ADDRESS
DECEASED: DODDO	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: APRIL 6 1955
	OF BIRTH: 9. AGE last birthday FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ARMY OR INDUSTRY: ENGINEER	TENNESSEE 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JOHN McGEE	MARCIASUS UNKNOWN
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. (Yes, no or unk.) II Yes, give war or dates of WORLD WAR 1	MRS THRESA D.McGEE CALIFORNIA, MD.
18. MEDICAL CERTIFICAT	failure ilus
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	a dierin Filens
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
4. T. T. T. 198 MAJOR FINDINGS OF OPERATION	Yhuded Jegumm 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work 21E INJURY OCCURRED While 21E I	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3 · 2 alive on	195, to 4.6, 195, that I last saw the deceased 10AM, from the causes and on the date stated above. ADDRESS DATE SIGNED A. D. Lemandlown MATE SIGNED A.
BURIAL (SPECIFY) 4/9/55 EBEANEZA	CALIFORNIA, MD.
DATE REC'D BY LOCAL REGISTRAR'S IGNATURE REGISTRAR 4-7-55 PART DOCKE	Jos. C. Mattingley Leonardtown, Md.
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SUTTENU V. S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATIL: 2. USUAL RESIDENCE (HOME) OF DECEASED: Hamilton COUNTY St. Mary's Manyland Ohio COUNTY SE OMARY S MARYLAND STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)
TOWN Patuxent River 38 hours OR TOWN CARVARXHAYOKES Cincinnati (If rural give location A vondale HOSPITAL OR INSTITUTION OR STREET Infirmary, U. S. Naval Air ADDRESS AXTAXXAEXEXEXAX 4578 Wilson Ave. STREET ADDRESS Station 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Year) (Day) DECEASED: Gwenlyn Eve MILLER 19 55 DEATH: (Type or Print) April 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: RACE: WIDOWED, DIVORCED, Months | Days Hours (Specify): Single April 27, 1955 Female Negroid 10a. USUAL OCCUPATION. Give kind of WHAT 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF INDUSTRY: COUNTRY? work done during most of working life, even if retired): Newborn USA Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Moses (n) MILLER. Jr. Bernice MULLINS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of service) _No Moses (n) MILLER, Jr. 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death hours Frematurity Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes . No. (COUNTY) (STATE) 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) SUICIDE office bldg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY At Work 22. I hereby certify that I attended the deceased from 4-27, 19.55, to 4-29, 19.55, that I last saw the deceased , 19.55, and that death occurred at 12:38 am , from the causes and on the date stated above. alive on 4-28 SIGNATURE (Degree or title) ADDRESS Infirmary, USNAS PAX RIV MD 4-29-5 · LCDR MC BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) annal 6 REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL FUNERAL DIRECTOR

THE PERSON NAMED IN COLUMN

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20. AUTOPSY? NO (State)

(Day)

Dava

(Year)

Hours

112. CITIZEN OF WHAT

COUNTRYZ

INTERVAL

YES [

ONSET AND

at work at work 52 OR 22. I hereby certify that I attended the deceased from !/-TYPE alive on 4 - 2-6 -M, from the causes and on the date stated above. 1952, and that death occurred at 5 ADDRESS SIGNATURE DATE SIGNED ASE M. D. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or/cour 23. BURIAL. CREMATION. REMOVAL (SPECIFY) PLE 30-5 DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR

Not while r

21F. HOW DID INJURY OCCUR?

21E INJURY OCCURRED

While

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OF INJURY

21p. TIME (Month) (Day) (Year) (Hour)

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

03998

LEONARDTOWN

	V AVAILABILOTER		11	reg. Dist. No	
I, PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (I	HOME) OF DEC		
ST. MARY'S	MARYLAND	STATE MARYLAN	D	COUNTY	WARYIS
	(in this place)	CITY (If outside corpora	ate limits, write R	URAL and give	e nearest town)
Town give neglectarn HOLLYWOOD	(in this place)	TOWN RITEAT. H	OLLYWOOL		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET	(If rural, g	ive location)	/
3. NAME OF (First) (Mid	ldle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Typa or Print) ANN ELIZAB	ETH	RUSSELL	OF DEATH	APRIL.	22 195
5. SEX PEMALE 6. COLOR OR RACE WIDOWE (Specify)	MARRIED, DELYORCED.	8. DATE OF BIRTH	do	day If under Months	I year If under 24 h Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS OR	II. BIRTHPLACE (State of	r foreign country)	12	CITIZEN OF WHA
done during most of Hootins ile Tentretired) INDUSTRY	HOME	MARYLAND		lu,	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
JONATHAN FLOYD		UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA (Yes, no, or untrowo) (If yes, give war or dates of service)	L SECURITY NO.	17. INFORMANT AND A			
IV service)	NONE	SPAULDING RU	SSELL L	EONARDI	OWN MD.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Orten	Telliote	- CV	diring	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	DE OBERTAION				A CO ATTIMO DOTTO
DATE OF OPERATION 198. MAJOR FINDINGS (OF OPERATION				20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, for PRIMARY OR CONTRIBUTING OF Office bldg. CAUSE OF DEATH.	arm, factory, street, , etc.)	(CITY OR 1	rown)	(COUNTY)	(STATE)
	CCURRED Not while at work	HOW DID INJURY OC	CUR?		
REMOVALBURTAL 4/25/55	ind that said deceded, homicide of gree or title) ME OF CEMETER ST ALOYSI	ased died on the day state undetermined ADDRESS ADDRESS	d above, and descovered to accord to the control of	eath in my	DATE SIGNED
REG. 4/25/65	La ber	JOS.C.MATTI		EONARDT	

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APR 28 1955

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Supply every item of information carefully. The

please write the causes of death clearly and legibly.

BY LOCAL

4007 MARYLAND STATE DEPARTMENT		03999
Items 13.14 FilmG181 5-3-55 ct	E OF DEATH Reg. Dist.	No. 28/
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY St. Mary's MARYLAND		
CITY (If outside corporate limits, write RURAL or and give nearest town) X TOWN NAS, Patuxent River, Md. 2 Yrs.	CITYIIf outside corporate limits, write RURAL and OR TOWN Spring Ridge	give nearest town)
HOSPITAL OR Infirmary, U.S. Naval Air STREET ADDRESS Station, Patuxent River, Id.	STREET (If rural give location) ADDRESS	
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (Da	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR	1955
M C WIDOWED, DIVORCED, (Specify): Married 1-13-	Months Day	
OA USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): USNAVY USNAVY USNAVY	11. BIRTHPLACE (State or foreign country): 12. C.	ITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	300
Andrew D. Smith	Nell Glidden	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unk.) (If Yes. kive war or dates of service) 1942-1955	Navy Health Record	
18. MEDICAL CERTIFICATE I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	NTERVAL SETWEEN DNSET AND CEATH
IMMEDIATE CAUSE (A) INJURIES, MU	JLTIPLE, EXTREME	I'I EDIATELY
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death of Injury street, office bldg., (If either, notify medical examiner) ATRORAFT	etc. INJURY OCCUR?	
OF INJURY April 19 1955 M. Cle INJURY OCCURRED While Not while at work at work	Runway #24 NAS PAXRIV IID. 21F. How DID INJURY OCCUR? Aircraft Crash	
22. I hereby certify that I attended the deceased from		
alive on 19 , and that death occurred at	ADDRESS DATE	01011111
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	D. NAS, PARRIV., ID. 19 April RY OR CREMATORY LOCATION (City, town, or c	ounty) (State)

Arlington National Cem.

24. FUNERAL DIRECTOR

P.B.Robinson

Arlington, Virginia.

ADDRESS Leonardtown, Md.

especially important. Physicians: correct age is PLEASE TYPE OR

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BUREAU V. S.

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DECENTED

JOS.C.MATTINGLEY

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BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 28/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:
COUNTY Saint Mary's MARYLAND	STATE Maryland COUNTY S	aint Mary's
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURA	
OR and give nearest town) (in this place)	OR	and give mearest town
X TOWN Leonardtown	Town Ridge	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give locati	on)
18STREET ADDRESS St. Mary's Hospital	Rural	
DECEASED: (Type or Print) JOSEPHINE TROSSBACH WES		(Day) (Year)
	OF BIRTH: 9. AGE last birthday IF UNDER Months	RIYEAR IF UNDER 24 HRS.
Female White (Specify): Divorced 11	July 1888 66 yrs. Months	Days Hours Min.
IOA USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 1	2. CITIZEN OF WHAT
work done during most of working life, even if retired):		COUNTRY?
nousewire Domestic	Maryland	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Phillip Trossbach	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) *** ********************************	J. Abell Longmore ::: Leona	rdtown, Md.
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
331X		0,1
IMMEDIATE CAUSE (A)	nemos hage	2 buchs
ANTECEDENT CAUSE (S' DUE TO	1	
DISEASES OR CONDITIONS, IF ANY, (B)	arting sols in	600
GIVING RISE TO THE ABOVE CAUSE DUE TO	1	- Jana
STATING UNDERLYING CAUSE LAST.		311.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	non	- yours
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO IZ
	1	
21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Co., etc. INJURY OCCUR?	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from Man	1 16-10-5 to (10-1/3 1055 that II	ant nam the decorrer
	A	
	69 O.M.M., from the causes and on the da	
SIGNATURE	ADDRESS .	DATE SIGNED
	1. D. great Mulls fill	april 4/5.8
	ERY OR CREMATORY LOCATION (City, town	, or county) (State
Burial h / 5 / 1955 St/ Michael	l's Cemetery Ridge, Maryl	and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Claril 4 1955 If Dean ha	P. B. ROBINSON LEONARD	TOWN. MD.

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BUREAU V. S.